

<i>SERFF Tracking Number:</i>	<i>IASL-126290274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>43399</i>
<i>Company Tracking Number:</i>	<i>SM MS RI</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>State Mutual Insurance Company Medicare Supplement Rate Increase Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: State Mutual Insurance Company		
Product Name: State Mutual Insurance	SERFF Tr Num: IASL-126290274	State: Arkansas
Company Medicare Supplement Rate Increase Filing		
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 43399
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: SM MS RI	State Status: Approved-Closed
Filing Type: Rate	Author: Jeffrey McGinn	Reviewer(s): Stephanie Fowler
	Date Submitted: 09/02/2009	Disposition Date: 10/01/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2010		Implementation Date: 01/01/2010
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 9%	Group Market Type:
Filing Status Changed: 10/01/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/01/2009
Deemer Date:	Created By: Jeffrey McGinn
Submitted By: Jeffrey McGinn	Corresponding Filing Tracking Number:
Filing Description:	
State Mutual Insurance Company Medicare Supplement and Select Rate Increase Filing	

Form Numbers: MEDSUP-(AR)-A-01 – Plan A; MEDSUP-(AR)-B-01 – Plan B; MEDSUP-(AR)-C-01 – Plan C; MEDSUP-(AR)-D-01 – Plan D; MEDSUP-(AR)-F-01 – Plan F; MSEL (AR) B-01 – Select Plan B; MSEL (AR) C-01 – Select Plan C; MSEL (AR) D-01 – Select Plan D; MSEL (AR) F-01 – Select Plan F

SERFF Tracking Number: IASL-126290274 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: 43399
Company Tracking Number: SM MS RI
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: State Mutual Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /
Rate Increase Amount: 9.0%

This filing is pending approval in the Company's domicile state of Georgia.

Company and Contact

Filing Contact Information

Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@iasadmin.com
8545 126th Avenue North 727-584-0007 [Phone] 2389 [Ext]
Suite 200 727-584-5613 [FAX]
Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$450.00	09/02/2009	30284552

SERFF Tracking Number: IASL-126290274 State: Arkansas
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Product Name: State Mutual Insurance Company Medicare Supplement Rate Increase Filing
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/01/2009	10/01/2009

SERFF Tracking Number:	IASL-126290274	State:	Arkansas
Filing Company:	State Mutual Insurance Company	State Tracking Number:	43399
Company Tracking Number:	SM MS RI		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	State Mutual Insurance Company Medicare Supplement Rate Increase Filing		
Project Name/Number:	/		

Disposition

Disposition Date: 10/01/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Mutual Insurance Company	9.000%	9.000%	\$37,668	93	\$418,532	9.000%	9.000%

SERFF Tracking Number:	IASL-126290274	State:	Arkansas
Filing Company:	State Mutual Insurance Company	State Tracking Number:	43399
Company Tracking Number:	SM MS RI		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	State Mutual Insurance Company Medicare Supplement Rate Increase Filing		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	Yes
Rate	AR Rate Pages	Approved	Yes

SERFF Tracking Number:	IASL-126290274	State:	Arkansas
Filing Company:	State Mutual Insurance Company	State Tracking Number:	43399
Company Tracking Number:	SM MS RI		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	State Mutual Insurance Company Medicare Supplement Rate Increase Filing		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.000%
Effective Date of Last Rate Revision:	01/01/2009
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Mutual Insurance Company	9.000%	9.000%	\$37,668	93	\$418,532	9.000%	9.000%

SERFF Tracking Number: IASL-126290274 State: Arkansas

Filing Company: State Mutual Insurance Company State Tracking Number: 43399

Company Tracking Number: SM MS RI

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: State Mutual Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved 10/01/2009	AR Rate Pages	MEDSUP-(AR)-A-01, MEDSUP-(AR)-B-01, MEDSUP-(AR)-C-01, MEDSUP-(AR)-D-01, MEDSUP-(AR)-F-01, MSEL (AR) B-01 -, MSEL (AR) C-01, MSEL (AR) D-01, MSEL (AR) F-01	Revised	Previous State Filing Number: Percent Rate Change Request:	36642 9.000	AR Rates.pdf

STATE MUTUAL INSURANCE COMPANY
STANDARD MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

CURRENT ANNUAL BASE RATES

Age	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,404	3,695	3,774	4,097	4,644	5,025	4,170	4,532	4,534	4,970

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,744.00	4,065.00	4,151.00	4,507.00	5,108.00	5,528.00	4,587.00	4,985.00	4,987.00	5,467.00
Semi-Annual	1,965.60	2,134.13	2,179.28	2,366.18	2,681.70	2,902.20	2,408.18	2,617.13	2,618.18	2,870.18
Quarterly	982.80	1,067.06	1,089.64	1,183.09	1,340.85	1,451.10	1,204.09	1,308.56	1,309.09	1,435.09
Monthly	327.60	355.69	363.21	394.36	446.95	483.70	401.36	436.19	436.36	478.36

ZIP CODES EXCEPT 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,404.00	3,695.00	3,774.00	4,097.00	4,644.00	5,025.00	4,170.00	4,532.00	4,534.00	4,970.00
Semi-Annual	1,787.10	1,939.88	1,981.35	2,150.93	2,438.10	2,638.13	2,189.25	2,379.30	2,380.35	2,609.25
Quarterly	893.55	969.94	990.68	1,075.46	1,219.05	1,319.06	1,094.63	1,189.65	1,190.18	1,304.63
Monthly	297.85	323.31	330.23	358.49	406.35	439.69	364.88	396.55	396.73	434.88

STATE MUTUAL INSURANCE COMPANY
SELECT MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

CURRENT ANNUAL BASE RATES

Age	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	2,938	3,192	3,716	4,019	3,247	3,531	3,625	3,975

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,232.00	3,511.00	4,088.00	4,421.00	3,572.00	3,884.00	3,988.00	4,373.00
Semi-Annual	1,696.80	1,843.28	2,146.20	2,321.03	1,875.30	2,039.10	2,093.70	2,295.83
Quarterly	848.40	921.64	1,073.10	1,160.51	937.65	1,019.55	1,046.85	1,147.91
Monthly	282.80	307.21	357.70	386.84	312.55	339.85	348.95	382.64

ZIP CODES EXCEPT 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	2,938.00	3,192.00	3,716.00	4,019.00	3,247.00	3,531.00	3,625.00	3,975.00
Semi-Annual	1,542.45	1,675.80	1,950.90	2,109.98	1,704.68	1,853.78	1,903.13	2,086.88
Quarterly	771.23	837.90	975.45	1,054.99	852.34	926.89	951.56	1,043.44
Monthly	257.08	279.30	325.15	351.66	284.11	308.96	317.19	347.81

STATE MUTUAL INSURANCE COMPANY
STANDARD MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

PROPOSED ANNUAL BASE RATES

Age	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,710	4,028	4,114	4,466	5,062	5,477	4,545	4,940	4,942	5,417

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	4,081.00	4,431.00	4,525.00	4,913.00	5,568.00	6,025.00	5,000.00	5,434.00	5,436.00	5,959.00
Semi-Annual	2,142.53	2,326.28	2,375.63	2,579.33	2,923.20	3,163.13	2,625.00	2,852.85	2,853.90	3,128.48
Quarterly	1,071.26	1,163.14	1,187.81	1,289.66	1,461.60	1,581.56	1,312.50	1,426.43	1,426.95	1,564.24
Monthly	357.09	387.71	395.94	429.89	487.20	527.19	437.50	475.48	475.65	521.41

ZIP CODES EXCEPT 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,710.00	4,028.00	4,114.00	4,466.00	5,062.00	5,477.00	4,545.00	4,940.00	4,942.00	5,417.00
Semi-Annual	1,947.75	2,114.70	2,159.85	2,344.65	2,657.55	2,875.43	2,386.13	2,593.50	2,594.55	2,843.93
Quarterly	973.88	1,057.35	1,079.93	1,172.33	1,328.78	1,437.71	1,193.06	1,296.75	1,297.28	1,421.96
Monthly	324.63	352.45	359.98	390.78	442.93	479.24	397.69	432.25	432.43	473.99

STATE MUTUAL INSURANCE COMPANY
SELECT MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

PROPOSED ANNUAL BASE RATES

Age	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,202	3,479	4,050	4,381	3,539	3,849	3,951	4,333

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,522.00	3,827.00	4,455.00	4,819.00	3,893.00	4,234.00	4,346.00	4,766.00
Semi-Annual	1,849.05	2,009.18	2,338.88	2,529.98	2,043.83	2,222.85	2,281.65	2,502.15
Quarterly	924.53	1,004.59	1,169.44	1,264.99	1,021.91	1,111.43	1,140.83	1,251.08
Monthly	308.18	334.86	389.81	421.66	340.64	370.48	380.28	417.03

ZIP CODES EXCEPT 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,202.00	3,479.00	4,050.00	4,381.00	3,539.00	3,849.00	3,951.00	4,333.00
Semi-Annual	1,681.05	1,826.48	2,126.25	2,300.03	1,857.98	2,020.73	2,074.28	2,274.83
Quarterly	840.53	913.24	1,063.13	1,150.01	928.99	1,010.36	1,037.14	1,137.41
Monthly	280.18	304.41	354.38	383.34	309.66	336.79	345.71	379.14

SERFF Tracking Number: IASL-126290274 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: 43399
Company Tracking Number: SM MS RI
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: State Mutual Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Third Party Authorization Letter	Accepted for Informational Purposes	Date: 10/01/2009
Comments:		
Attachment:		
2009 03 SM IAS Authorization.pdf		



March 26, 2009

Ms. Darcey Shaffer, ACS, FLMI
Insurance Administrative Solutions LLC
8545 126th Avenue, Suite 200
Largo, FL 33773

Re: Authorization for Regulatory Filings
State Mutual Insurance Company

Dear Darcey,

This letter authorizes Insurance Administrative Solutions LLC to file required regulatory filings on behalf of State Mutual Insurance Company. This authorization includes reports, forms, rate increases and any related correspondence necessary to comply with such requirements with the various states.

A copy of this letter is as valid as the original.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rick A. Gordon'. The signature is fluid and cursive.

Rick A. Gordon
Executive Vice President